

VERIFICATION ON OATH OR AFFIRMATION

State of _____
County of _____ } ss.

Subscribed and sworn to (or affirmed) before me

this _____ day of _____, _____, by
Day Month Year

Name of Signer No. 1

Name of Signer No. 2 (if any)

Signature of Notary Public

Place Notary Seal/Stamp Above

*Any Other Required Information
(Residence, Expiration Date, etc.)*

OPTIONAL

*This section is required for notarizations performed in Arizona but is optional in other states.
Completing this information can deter alteration of the document or fraudulent reattachment
of this form to an unintended document.*

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Verification on Oath or Affirmation

If no other format is prescribed, this certificate may be used when an individual is signing and swearing (or affirming) that certain written statements are true.
The optional section at the bottom can deter alteration of the document or

fraudulent reattachment of this form to an unintended document. The insertions in this section are not required by law. Failure to fill out this section will not affect the validity of the certificate.

Instructions:

- 1 & 2 NAME OF STATE & NAME OF COUNTY** where Notary performs notarization.
- 3 DATE OF NOTARIZATION.**
Actual day, month and year in which the document signer(s) appear(s) before Notary to sign this certificate or an attached document and take an oath or affirmation.
- 4 NAME(S) OF SIGNER(S)**
appearing before the Notary. Initials and spelling of name(s) should agree with name(s) signed on document and ID card. Line through any remaining space.
- 5 SIGNATURE OF NOTARY,**
exactly as name appears on commissioning papers and in seal.
- 6 ADDITIONAL INFORMATION.**
Use this space for additional information required by state law (commission expiration date, printed name, county of residence, etc.). If none is required, line through this space or write "N/A."
- 7 NOTARY SEAL IMPRINT,** clearly and legibly affixed. Be sure to affix your seal so it does not protrude into certificate margin.

1

State of

West Virginia

2

County of

Calhoun

SS.

Subscribed and sworn to (or affirmed) before me

this 12th day of January, 20XX, by

Day Month Year

Michael T. Smith

Name of Signer No. 1

Name of Signer No. 2 (if any)

Pat R. Jones

Signature of Notary Public

Any Other Required Information (Residence, Expiration Date, etc.)

7

Place Notary Seal/Stamp Above

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Loss 8

Document Date: 1-2-20XX 9 Number of Pages: one 10

Signer(s) Other Than Named Above: no other signers 11

©2024 National Notary Association

SPACES 8–11 ARE REQUIRED IN THE STATE OF ARIZONA AND ARE OPTIONAL IN OTHER STATES. Although optional in all other states, completing these spaces can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

8 TITLE OR TYPE OF DOCUMENT notarized, such as "Affidavit of Loss."

9 DATE OF DOCUMENT notarized. If certificate is being attached to a document, most but not all will have a date, usually at the top or following the signature. If none, insert "No Date."

10 NUMBER OF PAGES in the notarized document. This may point out fraudulent addition or removal of pages. Do not count this certificate as a page.

11 SIGNER(S) OTHER THAN NAMED IN SPACE(S) 4. Since all signers might not be named on the same notarial certificate, insert name(s) of signer(s) here that appear(s) or will appear on other certificates — as many as space allows. If none, insert "No Other Signers."

9350 De Soto Ave., Chatsworth, CA 91311-4926 | 1-800-876-6827 | NationalNotary.org

©2024 National Notary Association

Item #25957